

Fill in this information to identify your case and this filing:

Debtor 1	Monica	Elizabeth	Joyner
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Northern District of Georgia			
Case number 20-61530			

FILED IN CLERK'S OFFICE
U.S. BANKRUPTCY COURT
NORTHERN DISTRICT
OF GEORGIA

2020 OCT 16 PM 1:21

M. REGINA THOMAS
CLERK
Richard Smith
CLERK

Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

No. Go to Part 2.

Yes. Where is the property?

1.1.

Street address, if available, or other description

What is the property? Check all that apply.

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

Describe the nature of your ownership interest (such as fee simple, tenancy by the entirety, or a life estate), if known.

Who has an interest in the property? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Check if this is community property (see instructions)

Other information you wish to add about this item, such as local property identification number: _____

If you own or have more than one, list here:

1.2.

Street address, if available, or other description

What is the property? Check all that apply.

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

Describe the nature of your ownership interest (such as fee simple, tenancy by the entirety, or a life estate), if known.

Who has an interest in the property? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Check if this is community property (see instructions)

Other information you wish to add about this item, such as local property identification number: _____

Monica

Elizabeth

1.3.

Street address, if available, or other description

What is the property? Check all that apply.

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

City _____ State _____ ZIP Code _____

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

County _____

Who has an interest in the property? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

 Check if this is community property (see instructions)**Other information you wish to add about this item, such as local property identification number:** _____

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here. _____

\$ _____ 0.00

Part 2: Describe Your Vehicles**Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.**

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- No
 Yes

3.1. Make: _____

Who has an interest in the property? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

Model: _____

Year: _____

Approximate mileage: _____

 Check if this is community property (see instructions)

Other information: _____

If you own or have more than one, describe here:

3.2. Make: _____

Who has an interest in the property? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

Model: _____

Year: _____

Approximate mileage: _____

 Check if this is community property (see instructions)

Other information: _____

First Name Middle Name Last Name

3.3. Make: _____

Who has an interest in the property? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Model: _____

Year: _____

Approximate mileage: _____

Other information: _____

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

3.4. Make: _____

Who has an interest in the property? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Model: _____

Year: _____

Approximate mileage: _____

Other information: _____

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

- Check if this is community property (see instructions)

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories*Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories* No Yes

4.1. Make: _____

Who has an interest in the property? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Model: _____

Year: _____

Other information: _____

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

- Check if this is community property (see instructions)

If you own or have more than one, list here:

4.2. Make: _____

Who has an interest in the property? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Model: _____

Year: _____

Other information: _____

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

- Check if this is community property (see instructions)

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here _____ → \$ 0.00

Part 3: Describe Your Personal and Household Items**Do you own or have any legal or equitable interest in any of the following items?**

Current value of the portion you own?
Do not deduct secured claims or exemptions.

6. Household goods and furnishings*Examples: Major appliances, furniture, linens, china, kitchenware* No Yes. Describe..... **Appliances & Furnishing**\$ **1,000.00****7. Electronics***Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games* No Yes. Describe..... **Audio & Videos**\$ **500.00****8. Collectibles of value***Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles* No Yes. Describe..... **Books, Pictures, etc.**\$ **100.00****9. Equipment for sports and hobbies***Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments* No Yes. Describe.....

\$ _____

10. Firearms*Examples: Pistols, rifles, shotguns, ammunition, and related equipment* No Yes. Describe.....

\$ _____

11. Clothes*Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories* No Yes. Describe..... **Clothing**\$ **500.00****12. Jewelry***Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver* No Yes. Describe.....

\$ _____

13. Non-farm animals*Examples: Dogs, cats, birds, horses* No Yes. Describe.....

\$ _____

14. Any other personal and household items you did not already list, including any health aids you did not list No Yes. Give specific information.

\$ _____

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here →\$ **2,100.00**

Part 4: Describe Your Financial Assets**Do you own or have any legal or equitable interest in any of the following?****Current value of the portion you own?**

Do not deduct secured claims or exemptions.

16. Cash*Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition* No Yes

Cash:

\$

17. Deposits of money*Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.* No Yes

Institution name:

17.1. Checking account:	Green Dot	\$	0.00
17.2. Checking account:	FSNB	\$	0.00
17.3. Savings account:	.....	\$	.....
17.4. Savings account:	.....	\$	.....
17.5. Certificates of deposit:	.....	\$	.....
17.6. Other financial account:	.....	\$	.....
17.7. Other financial account:	.....	\$	.....
17.8. Other financial account:	.....	\$	.....
17.9. Other financial account:	.....	\$	.....

18. Bonds, mutual funds, or publicly traded stocks*Examples: Bond funds, investment accounts with brokerage firms, money market accounts* No Yes

Institution or issuer name:

.....	\$
.....	\$
.....	\$

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture No Yes. Give specific information about them.....

Name of entity:

% of ownership:

0% %

\$

0% %

\$

0% %

\$

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.
Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

 No Yes. Give specific information about them.....

Issuer name:

_____	\$ _____
_____	\$ _____
_____	\$ _____

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

 No Yes. List each account separately.

Type of account: Institution name:

401(k) or similar plan: _____	\$ _____
Pension plan: _____	\$ _____
IRA: _____	\$ _____
Retirement account: _____	\$ _____
Keogh: _____	\$ _____
Additional account: _____	\$ _____
Additional account: _____	\$ _____

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

 No Yes.....

Institution name or individual:

Electric: _____	\$ _____
Gas: _____	\$ _____
Heating oil: _____	\$ _____
Security deposit on rental unit: _____	\$ _____
Prepaid rent: _____	\$ _____
Telephone: _____	\$ _____
Water: _____	\$ _____
Rented furniture: _____	\$ _____
Other: _____	\$ _____

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) No Yes.....

Issuer name and description:

_____	\$ _____
_____	\$ _____
_____	\$ _____

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

 No Yes

Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

_____	\$ _____
_____	\$ _____
_____	\$ _____

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit No Yes. Give specific information about them....

\$ _____

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

 No Yes. Give specific information about them....

\$ _____

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

 No Yes. Give specific information about them....

\$ _____

Money or property owed to you?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

28. Tax refunds owed to you No Yes. Give specific information about them, including whether you already filed the returns and the tax years.

2018 Tax Return still Pending

Federal:	\$ 2,797.00
State:	\$ _____
Local:	\$ _____

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

 No Yes. Give specific information.....

Alimony:	\$ _____
Maintenance:	\$ _____
Support:	\$ _____
Divorce settlement:	\$ _____
Property settlement:	\$ _____

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

 No Yes. Give specific information.....

Social Security Disability, & Social Security Insurance

\$ 900.00

31. Interests in insurance policies*Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance* No Yes. Name the insurance company
of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund value:

\$ _____

\$ _____

\$ _____

32. Any interest in property that is due you from someone who has died*If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.* No Yes. Give specific information.....

\$ _____

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment*Examples: Accidents, employment disputes, insurance claims, or rights to sue* No Yes. Describe each claim.

\$ _____

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims No Yes. Describe each claim.

\$ _____

35. Any financial assets you did not already list No Yes. Give specific information.....

\$ _____

**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached
for Part 4. Write that number here** →

\$ 900.00

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.**37. Do you own or have any legal or equitable interest in any business-related property?** No. Go to Part 6. Yes. Go to line 38.Current value of the
portion you own?Do not deduct secured claims
or exemptions.**38. Accounts receivable or commissions you already earned** No Yes. Describe.....

\$ _____

39. Office equipment, furnishings, and supplies*Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices* No Yes. Describe.....

\$ _____

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade No Yes. Describe..... \$ _____**41. Inventory** No Yes. Describe..... \$ _____**42. Interests in partnerships or joint ventures** No Yes. Describe..... Name of entity: % of ownership:

_____	%	\$ _____
_____	%	\$ _____
_____	%	\$ _____

43. Customer lists, mailing lists, or other compilations No Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? No Yes. Describe..... \$ _____**44. Any business-related property you did not already list** No Yes. Give specific information \$ _____

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here → \$ 0.00**Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1.****46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?** No. Go to Part 7. Yes. Go to line 47.**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

47. Farm animals*Examples: Livestock, poultry, farm-raised fish* No Yes..... \$ _____ 0.00

48. Crops—either growing or harvested No Yes. Give specific information..... \$ _____**49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade** No Yes..... \$ _____**50. Farm and fishing supplies, chemicals, and feed** No Yes..... \$ _____**51. Any farm- and commercial fishing-related property you did not already list** No Yes. Give specific information..... \$ _____**52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here** → \$ _____ 0.00**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above****53. Do you have other property of any kind you did not already list?**

Examples: Season tickets, country club membership

 No Yes. Give specific information..... \$ _____
\$ _____
\$ _____**54. Add the dollar value of all of your entries from Part 7. Write that number here** → \$ _____ 0.00**Part 8: List the Totals of Each Part of this Form**

55. Part 1: Total real estate, line 2 → \$ _____ 0.00

56. Part 2: Total vehicles, line 5 \$ _____ 0.00

57. Part 3: Total personal and household items, line 15 \$ _____ 2,100.00

58. Part 4: Total financial assets, line 36 \$ _____ 3,697.00

59. Part 5: Total business-related property, line 45 \$ _____ 0.00

60. Part 6: Total farm- and fishing-related property, line 52 \$ _____ 0.00

61. Part 7: Total other property not listed, line 54 +\$ _____ 0.00

62. Total personal property. Add lines 56 through 61. \$ _____ 0.00 Copy personal property total → +\$ _____ 0.00

63. Total of all property on Schedule A/B. Add line 55 + line 62. \$ _____ 0.00

Fill in this information to identify your case:

Debtor 1	Monica	Elizabeth	Joyner
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Northern District of Georgia			
Case number (If known)	20-61530		

Check if this is an amended filing

Official Form 106C**Schedule C: The Property You Claim as Exempt**

04/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt**1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.**

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
		Copy the value from <i>Schedule A/B</i>	Check only one box for each exemption.
Brief description: Appliance & Furniture	\$1,000.00	<input checked="" type="checkbox"/> \$ 1,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A 44-13-100 (a) (4)
Line from <i>Schedule A/B</i> : 6.1			
Brief description: Audio & Video	\$500.00	<input checked="" type="checkbox"/> \$ 500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. 44-13-100 (a) (4)
Line from <i>Schedule A/B</i> : 7.1			
Brief description: Books, Pictures, etc.	\$100.00	<input checked="" type="checkbox"/> \$ 100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. 44-13-100 (a) (4)
Line from <i>Schedule A/B</i> : 8.1			

3. Are you claiming a homestead exemption of more than \$170,350?

(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

- No
 Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
 No
 Yes

Debtor 1 Monica Elizabeth Joyner
 First Name Middle Name Last Name

Case number (if known) 20-61530

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption</small>	Specific laws that allow exemption
Brief description: <u>Clothing</u>	\$ <u>500.00</u>	<input checked="" type="checkbox"/> \$ <u>500.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. 44-13-100 (a) (4)
Line from Schedule A/B: <u>11.1</u>			
Brief description: <u>Pre-Paid: Green Dot</u>	\$ <u>0.00</u>	<input checked="" type="checkbox"/> \$ <u>0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. 44-13-100 (a) (6)
Line from Schedule A/B: <u>17.1</u>			
Brief description: <u>FSNB</u>	\$ <u>0.00</u>	<input checked="" type="checkbox"/> \$ <u>0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. 44-13-100 (a) (6)
Line from Schedule A/B: _____			
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B: _____			
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B: _____			
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B: _____			
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B: _____			
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B: _____			
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B: _____			
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B: _____			
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B: _____			
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B: _____			
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B: _____			
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B: _____			

Fill in this information to identify your case:

Debtor 1	Monica	Elizabeth	Joyner
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Northern District of Georgia			
Case number (If known)	20-61530		

 Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion if any
--	--	--

2.1

Describe the property that secures the claim:

\$ 0.00 \$ 0.00 \$ 0.00

Creditor's Name

Number Street

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt

Date debt was incurred _____

Nature of lien. Check all that apply.

- An agreement you made (such as mortgage or secured car loan)
- Statutory lien (such as tax lien, mechanic's lien)
- Judgment lien from a lawsuit
- Other (including a right to offset) _____

2.2

Last 4 digits of account number _____

\$ _____ \$ _____ \$ _____

Creditor's Name

Number Street

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt

Date debt was incurred _____

Nature of lien. Check all that apply.

- An agreement you made (such as mortgage or secured car loan)
- Statutory lien (such as tax lien, mechanic's lien)
- Judgment lien from a lawsuit
- Other (including a right to offset) _____

Add the dollar value of your entries in Column A on this page. Write that number here: _____

\$ _____

Fill in this information to identify your case:

Debtor 1	Monica	Elizabeth	Joyner
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Northern District of Georgia			
Case number (if known)		20-61530	

Check if this is an amended filing

Official Form 106E/F**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

Total claim	Priority amount	Nonpriority amount
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2.1

Georgia Department Revenue

Priority Creditor's Name

Accounts Receivable Collection

Number Street

1800 Century Blvd NE Ste 9100

Atlanta GA 30345
City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number _____ \$ 0.00 \$ 0.00 \$ 0.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

- Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify Notification

2.2

Olympic Auto Sales, Inc

Priority Creditor's Name

Number Street
4568 Memorial DriveDecatur GA
City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number 0 5 3 8 \$ 14,800.00 \$ 14,800.00 \$ 0.00

When was the debt incurred? 10/20/2008

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

- Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify Title Lien

Part 1: Your PRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.	Total claim	Priority amount	Nonpriority amount
<input type="checkbox"/> Credit Acceptance/J.J.Finance Priority Creditor's Name P O Box 551888 Number Street	Last 4 digits of account number _____	\$10,750.00	\$0,750.00 \$ 0.00
Detroit MI 48255 City State ZIP Code	When was the debt incurred? 05/20/2007		
As of the date you file, the claim is: Check all that apply.			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Type of PRIORITY unsecured claim:			
<input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify <u>Title Lien vehicle</u>			
Who incurred the debt? Check one.			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<input type="checkbox"/> CommonWealth Financial Priority Creditor's Name 245 Main Street Number Street	Last 4 digits of account number 4 9 N 1	\$ 102.00	\$ _____
Scranton PA 18519 City State ZIP Code	When was the debt incurred? 08/20/2009		
As of the date you file, the claim is: Check all that apply.			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Type of PRIORITY unsecured claim:			
<input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify <u>account</u>			
Who incurred the debt? Check one.			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<input type="checkbox"/> Commonwealth Financial Priority Creditor's Name 245 Main Street Number Street	Last 4 digits of account number 7 9 N 1	\$ 1,096.00	\$ _____
Scranton PA 18519 City State ZIP Code	When was the debt incurred? 10/20/2009		
As of the date you file, the claim is: Check all that apply.			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Type of PRIORITY unsecured claim:			
<input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify <u>Collection Attorney Maroon E</u>			
Who incurred the debt? Check one.			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

- No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

	Total claim
4.1 Carter-Young Nonpriority Creditor's Name 882 N. Main St Number Street Conyers GA 30012 City State ZIP Code	Last 4 digits of account number 7 7 9 1 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u>
Who incurred the debt? Check one.	
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	
<input type="checkbox"/> Check if this claim is for a community debt	
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
4.2 Carter-Young Nonpriority Creditor's Name 882 N. Main St Number Street Conyers GA 30012 City State ZIP Code	
Last 4 digits of account number 6 4 6 0 When was the debt incurred? 06/20/2007	
As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical</u>	
Who incurred the debt? Check one.	
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	
<input type="checkbox"/> Check if this claim is for a community debt	
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
4.3 Carter-Young Nonpriority Creditor's Name 882 N. Main St. Number Street Conyers GA 30012 City State ZIP Code	
Last 4 digits of account number 8 4 7 6 When was the debt incurred? _____	
As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Account</u>	
Who incurred the debt? Check one.	
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	
<input type="checkbox"/> Check if this claim is for a community debt	
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor 1

Monica

First Name

Elizabeth

Middle Name

Joyner

Last Name

Case number (if known) 20-61530

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

AT & T
 Nonpriority Creditor's Name
P O Box 105503
 Number Street
Atlanta GA **30348**
 City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number **0 5 3 8** \$ **500.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **ACCOUNT**

Internal Revenue Service
 Nonpriority Creditor's Name
401 W. Peachtree St. Stop 334 D
 Number Street
Atlanta GA **30308**
 City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number _____ \$ **3,000.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **Unsecured Taxes**

Internal Revenue Service
 Nonpriority Creditor's Name
401 W. Peachtree St. Stop 334D
 Number Street
Atlanta GA **30308**
 City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number _____ \$ **0.00**

When was the debt incurred? **01/01/2017**

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **Unsecured Taxes**

Debtor 1

First Name Middle Name Last Name

Case number (if known)

Part 1: Your PRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Total claim	Priority amount	Nonpriority amount
-------------	-----------------	--------------------

Lucas County Job Family Services 4318 \$45,00 \$45,00 \$ 0.00
 Priority Creditor's Name Last 4 digits of account number
3210 Monroe Street

Number Street

City State ZIP Code

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Type of PRIORITY unsecured claim:

- Domestic support obligations
- Taxes and certain other debts you owe the government
- Claims for death or personal injury while you were intoxicated
- Other. Specify _____

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Priority Creditor's Name Last 4 digits of account number \$ \$ \$

Number Street

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Priority Creditor's Name Last 4 digits of account number \$ \$ \$

Number Street

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Commonwealth Financial

Name

245 Main Street

Number Street

Scranton PA 18519
City State ZIP Code

FSNB

Name

Number Street

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

- Line ____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____**On which entry in Part 1 or Part 2 did you list the original creditor?**

- Line ____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 0 5 3 8**On which entry in Part 1 or Part 2 did you list the original creditor?**

- Line ____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____**On which entry in Part 1 or Part 2 did you list the original creditor?**

- Line ____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____**On which entry in Part 1 or Part 2 did you list the original creditor?**

- Line ____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____**On which entry in Part 1 or Part 2 did you list the original creditor?**

- Line ____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____**On which entry in Part 1 or Part 2 did you list the original creditor?**

- Line ____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Part 4: Add the Amounts for Each Type of Unsecured Claim

- 6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159.**
Add the amounts for each type of unsecured claim.

**Total claims
from Part 1**

Total claim	
6a. Domestic support obligations	6a. \$ <u> </u> 0.00
6b. Taxes and certain other debts you owe the government	6b. \$ <u> </u> 0.00
6c. Claims for death or personal injury while you were intoxicated	6c. \$ <u> </u> 0.00
6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. + \$ <u> </u> 0.00
6e. Total. Add lines 6a through 6d.	6e. \$ <u> </u> 0.00

**Total claims
from Part 2**

Total claim	
6f. Student loans	6f. \$ <u> </u> 0.00
6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$ <u> </u> 0.00
6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$ <u> </u> 0.00
6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. + \$ <u> </u> 35,014.00
6j. Total. Add lines 6f through 6i.	6j. \$ <u> </u> 35,014.00

Fill in this information to identify your case:

Debtor	Monica	Elizabeth	Joyner
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Northern District of Georgia			
Case number (If known)	20-61530		

Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

2.1

Name _____

Number Street _____

City State ZIP Code _____

2.2

Name _____

Number Street _____

City State ZIP Code _____

2.3

Name _____

Number Street _____

City State ZIP Code _____

2.4

Name _____

Number Street _____

City State ZIP Code _____

2.5

Name _____

Number Street _____

City State ZIP Code _____

Debtor 1 Monica Elizabeth Joyner Document Page 22 of 32 Case number (if known) 20-61530

Additional Page if You Have More Contracts or Leases

Person or company with whom you have the contract or lease	What the contract or lease is for
<u>2.</u>	
Name _____	
Number _____ Street _____	
City _____ State _____ ZIP Code _____	
<u>2.</u>	
Name _____	
Number _____ Street _____	
City _____ State _____ ZIP Code _____	
<u>2.</u>	
Name _____	
Number _____ Street _____	
City _____ State _____ ZIP Code _____	
<u>2.</u>	
Name _____	
Number _____ Street _____	
City _____ State _____ ZIP Code _____	
<u>2.</u>	
Name _____	
Number _____ Street _____	
City _____ State _____ ZIP Code _____	
<u>2.</u>	
Name _____	
Number _____ Street _____	
City _____ State _____ ZIP Code _____	
<u>2.</u>	
Name _____	
Number _____ Street _____	
City _____ State _____ ZIP Code _____	
<u>2.</u>	
Name _____	
Number _____ Street _____	
City _____ State _____ ZIP Code _____	

Fill in this information to identify your case:

Debtor 1	Monica	Elizabeth	Joyner
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Northern District of Georgia			
Case number 20-61530 (If known)			

Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

- No
 Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- No. Go to line 3.
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?
 No
 Yes. In which community state or territory did you live? _____ Fill in the name and current address of that person.

Name of your spouse, former spouse, or legal equivalent

Number Street

City State ZIP Code

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

- Schedule D, line _____
 Schedule E/F, line _____
 Schedule G, line _____

3.1

Name _____

Number Street

City State ZIP Code

3.2

Name _____

Number Street

City State ZIP Code

3.3

Name _____

Number Street

City State ZIP Code

- Schedule D, line _____
 Schedule E/F, line _____
 Schedule G, line _____

- Schedule D, line _____
 Schedule E/F, line _____
 Schedule G, line _____

Debtor 1

Monica

Elizabeth

Joyner

First Name

Middle Name

Last Name

Additional Page to List More Codebtors**Column 1: Your codebtor**

3..

Name _____

Number Street _____

City _____ State _____ ZIP Code _____

3..

Name _____

Number Street _____

City _____ State _____ ZIP Code _____

3..

Name _____

Number Street _____

City _____ State _____ ZIP Code _____

3..

Name _____

Number Street _____

City _____ State _____ ZIP Code _____

3..

Name _____

Number Street _____

City _____ State _____ ZIP Code _____

3..

Name _____

Number Street _____

City _____ State _____ ZIP Code _____

3..

Name _____

Number Street _____

City _____ State _____ ZIP Code _____

3..

Name _____

Number Street _____

City _____ State _____ ZIP Code _____

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

 Schedule D, line _____ Schedule E/F, line _____ Schedule G, line _____ Schedule D, line _____ Schedule E/F, line _____ Schedule G, line _____ Schedule D, line _____ Schedule E/F, line _____ Schedule G, line _____ Schedule D, line _____ Schedule E/F, line _____ Schedule G, line _____ Schedule D, line _____ Schedule E/F, line _____ Schedule G, line _____ Schedule D, line _____ Schedule E/F, line _____ Schedule G, line _____ Schedule D, line _____ Schedule E/F, line _____ Schedule G, line _____ Schedule D, line _____ Schedule E/F, line _____ Schedule G, line _____

Fill in this information to identify your case:		
Debtor 1 First Name	Elizabeth	Joyner Last Name
Debtor 2 (Spouse, if filing) First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Northern District of Georgia		
Case number (If known)	20-61530	

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Debtor 1

- Employed
 Not employed

Debtor 2 or non-filing spouse

- Employed
 Not employed

Occupation

Unemployed

Employer's name

Employer's address

Number Street

City State ZIP Code

Number Street

City State ZIP Code

How long employed there?

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1

For Debtor 2 or non-filing spouse

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ 0.00

\$ _____

3. Estimate and list monthly overtime pay.

3. +\$ 0.00

+ \$ _____

4. Calculate gross income. Add line 2 + line 3.

4. \$ 0.00

\$ _____

Debtor 1	Monica	Elizabeth	Joyner	Case number (if known)	20-61530
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First Name

Middle Name

Last Name

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here.....	→ 4. \$ 0.00	\$ _____

5. List all payroll deductions:

5a. Tax, Medicare, and Social Security deductions	5a. \$ 0.00	\$ _____
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ _____
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ _____
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ _____
5e. Insurance	5e. \$ 0.00	\$ _____
5f. Domestic support obligations	5f. \$ 0.00	\$ _____
5g. Union dues	5g. \$ 0.00	\$ _____
5h. Other deductions. Specify: _____	5h. +\$ 0.00	+ \$ _____

6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h. **6.** \$ **0.00** \$ _____

7. Calculate total monthly take-home pay. Subtract line 6 from line 4. **7.** \$ **0.00** \$ _____

8. List all other income regularly received:

**8a. Net income from rental property and from operating a business,
profession, or farm**

Attach a statement for each property and business showing gross
receipts, ordinary and necessary business expenses, and the total
monthly net income.

8a. \$ 0.00	\$ _____
---------------------------	-----------------

8b. Interest and dividends

8b. \$ 0.00	\$ _____
---------------------------	-----------------

**8c. Family support payments that you, a non-filing spouse, or a dependent
regularly receive**

Include alimony, spousal support, child support, maintenance, divorce
settlement, and property settlement.

8c. \$ 0.00	\$ _____
---------------------------	-----------------

8d. Unemployment compensation

8d. \$ 0.00	\$ _____
---------------------------	-----------------

8e. Social Security

8e. \$ 0.00	\$ _____
---------------------------	-----------------

8f. Other government assistance that you regularly receive

Include cash assistance and the value (if known) of any non-cash assistance
that you receive, such as food stamps (benefits under the Supplemental
Nutrition Assistance Program) or housing subsidies.

Specify: SSDI Benefits

8f. \$ 800.00	\$ _____
-----------------------------	-----------------

8g. Pension or retirement income

8g. \$ 173.00	\$ _____
-----------------------------	-----------------

8h. Other monthly income. Specify: Food Stamps Benefits

8h. +\$ 93.00	+\$ _____
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9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.

9. \$ 1,066.00	\$ 0.00
------------------------------	----------------

10. Calculate monthly income. Add line 7 + line 9.

Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.

10. \$ 1,066.00	+	\$ 0.00	= \$ 1,066.00
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11. State all other regular contributions to the expenses that you list in Schedule J.

Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.

Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.

Specify: SSDI Benefits

11. + \$ 0.00

12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.

Write that amount on the *Summary of Your Assets and Liabilities and Certain Statistical Information*, if it applies

12.	\$ 1,066.00
------------	--------------------

**Combined
monthly income**

13. Do you expect an increase or decrease within the year after you file this form?

No.

Yes. Explain: _____

Fill in this information to identify your case:		
Debtor 1 Debtor 2 (Spouse, if filing)	First Name Middle Name	Last Name United States Bankruptcy Court for the: Northern District of Georgia
Monica	Elizabeth	Joyer
Case number (If known)	20-61530	

Check if this is:

- An amended filing
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- No. Go to line 2.
 Yes. Does Debtor 2 live in a separate household?
 No
 Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

No

Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

- No
 Yes
 No
 Yes
 No
 Yes
 No
 Yes
 No
 Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

- No
 Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

Your expenses

4. \$ 233.00

If not included in line 4:

- 4a. Real estate taxes
 4b. Property, homeowner's, or renter's insurance
 4c. Home maintenance, repair, and upkeep expenses
 4d. Homeowner's association or condominium dues

4a. \$ 0.00
4b. \$ 0.00
4c. \$ 0.00
4d. \$ 0.00

Debtor 1	Monica First Name	Elizabeth Middle Name	Joyner Last Name	Case number (if known) <u>20-61530</u>
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		Your expenses
5. Additional mortgage payments for your residence, such as home equity loans		5. \$ <u>0.00</u>
6. Utilities:		
6a.	Electricity, heat, natural gas	6a. \$ <u>0.00</u>
6b.	Water, sewer, garbage collection	6b. \$ <u>0.00</u>
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c. \$ <u>40.00</u>
6d.	Other. Specify: _____	6d. \$ <u>0.00</u>
7. Food and housekeeping supplies		7. \$ <u>155.00</u>
8. Childcare and children's education costs		8. \$ <u>0.00</u>
9. Clothing, laundry, and dry cleaning		9. \$ <u>4.00</u>
10. Personal care products and services		10. \$ <u>5.00</u>
11. Medical and dental expenses		11. \$ <u>5.00</u>
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.		12. \$ <u>65.00</u>
13. Entertainment, clubs, recreation, newspapers, magazines, and books		13. \$ <u>0.00</u>
14. Charitable contributions and religious donations		14. \$ <u>0.00</u>
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a.	Life insurance	15a. \$ <u>83.00</u>
15b.	Health insurance	15b. \$ <u>0.00</u>
15c.	Vehicle insurance	15c. \$ <u>0.00</u>
15d.	Other insurance. Specify: _____	15d. \$ <u>0.00</u>
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____		16. \$ <u>0.00</u>
17. Installment or lease payments:		
17a.	Car payments for Vehicle 1	17a. \$ <u>0.00</u>
17b.	Car payments for Vehicle 2	17b. \$ <u>0.00</u>
17c.	Other. Specify: _____	17c. \$ <u>0.00</u>
17d.	Other. Specify: _____	17d. \$ <u>0.00</u>
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).		18. \$ <u>0.00</u>
19. Other payments you make to support others who do not live with you. Specify: _____		19. \$ <u>0.00</u>
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.		
20a.	Mortgages on other property	20a. \$ <u>0.00</u>
20b.	Real estate taxes	20b. \$ <u>0.00</u>
20c.	Property, homeowner's, or renter's insurance	20c. \$ <u>0.00</u>
20d.	Maintenance, repair, and upkeep expenses	20d. \$ <u>0.00</u>
20e.	Homeowner's association or condominium dues	20e. \$ <u>0.00</u>

Debtor 1 Monica Elizabeth Joyner Case number (*if known*) 20-61530

21. Other. Specify: _____ 21. +\$ 0.00

22. Calculate your monthly expenses.

22a. Add lines 4 through 21. 22a. \$ 590.00

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22b. \$ 0.00

22c. Add line 22a and 22b. The result is your monthly expenses. 22c. \$ 590.00

23. Calculate your monthly net income.

23a. Copy line 12 (*your combined monthly income*) from Schedule I. 23a. \$ 1,066.00

23b. Copy your monthly expenses from line 22c above. 23b. -\$ 590.00

23c. Subtract your monthly expenses from your monthly income.

The result is your *monthly net income*.

23c. \$ 476.00

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.

Yes. Explain here:

Fill in this information to identify your case:

Debtor 1	First Name Monica	Middle Name Elizabeth	Last Name Joyner
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Northern District of Georgia			
Case number (If known)	20-61530		

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

Your assets	Value of what you own
1. Schedule A/B: Property (Official Form 106A/B)	
1a. Copy line 55, Total real estate, from Schedule A/B.....	\$ 0.00
1b. Copy line 62, Total personal property, from Schedule A/B.....	\$ 12,500.00
1c. Copy line 63, Total of all property on Schedule A/B	\$ 12,500.00

Part 2: Summarize Your Liabilities

Your liabilities	Amount you owe
2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	
2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of Schedule D	\$ 0.00
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F.....	\$ 0.00
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	+ \$ 35,014.00
	\$ 35,014.00

Part 3: Summarize Your Income and Expenses

4. Schedule I: Your Income (Official Form 106I)	
Copy your combined monthly income from line 12 of Schedule I.....	\$ 1,066.00
5. Schedule J: Your Expenses (Official Form 106J)	
Copy your monthly expenses from line 22c of Schedule J.....	\$ 590.00

Debtor 1 Monica Elizabeth Joyner Case number (if known) 20-61530
First Name Middle Name Last Name

Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

- No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
 Yes

7. What kind of debt do you have?

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
 Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$ 93.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

Total claim

From Part 4 on Schedule E/F, copy the following:

9a. Domestic support obligations (Copy line 6a.) \$ 0.00

9b. Taxes and certain other debts you owe the government. (Copy line 6b.) \$ 0.00

9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) \$ 0.00

9d. Student loans. (Copy line 6f.) \$ 0.00

9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) \$ 0.00

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) + \$ 0.00

9g. Total. Add lines 9a through 9f. \$ 0.00

Fill in this information to identify your case:

Debtor 1	Monica	Elizabeth	Joyner
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Northern District of Georgia			
Case number 20-61530 (If known)			

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filling together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

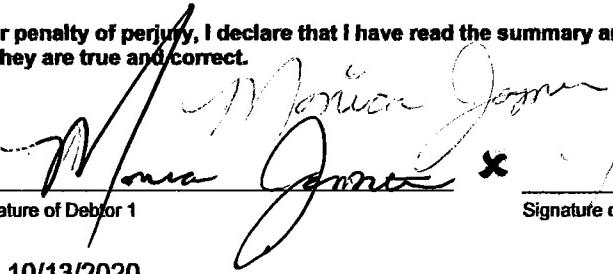
Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person _____

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.


Signature of Debtor 1


Signature of Debtor 2

Date 10/13/2020
MM / DD / YYYY

Date MM / DD / YYYY